

UFM Teen Mentoring Program *Volunteer Mentor Information*

About the Mentoring Program:

The UFM Teen Mentoring Program offers a structured program of support and life skills to youth in grades 7 - 12. The program provides a safe, supportive and consistent environment for teens to learn positive life skills and to focus on primary prevention activities.

Program goals include:

- Teaching positive life skills and alternatives to alcohol and drug use
- Improving confidence and resistance skills
- Enhancing the self-esteem of participants
- Improving personal control
- Improving interpersonal communication
- Empowering youth to take responsibility for their own futures

Volunteer responsibilities:

Volunteers are asked to provide support, encouragement and friendship to teens referred to the program. Each mentor is generally assigned one or two adolescents. Mentors need to be available about three hours per week, on Tuesday or Thursday afternoons, plus a little time for additional follow up. The group meets on Tuesdays or Thursdays from 3:00 to 5:30 p.m. during the school year and Wednesday from 3:00 to 5:00 in the summer. Mentors are also requested to come early to help transport students from school to UFM. Meetings are held at UFM Community Learning Center, 1221 Thurston. Activities are planned each week to provide life skills, learn new skills and have fun. Recreation is planned at least once a month and might include bowling, ice skating, kickball or other activity.

MANDATORY mentor meetings are held on Sunday evenings once a month. These meetings allow time to discuss upcoming activities and the mentor's role in facilitating the success of the upcoming activities. Mentor meetings include program evaluation and mentor development. Time is also allowed to process any issues mentors notice with their students.

In addition to the group meetings, mentors are asked to follow up with their students weekly by a phone call, visit or e-mail. All interaction outside of weekly group meetings must be parent/guardian approved.

The requirements to volunteer are:

- Willingness to commit time for weekly group meetings and monthly mentor-only meetings. This includes picking up the students from school and taking them home after group.
- Enthusiasm and patience
- Interest in developing a friendship with a middle school or high school student
- Ability to commit a minimum of one semester (More than one semester is encouraged.)
- Regular attendance is expected.
- Completion of the application, interview process and background check.
- Maintain the confidentiality of their student's experiences, comments, and conversations inside and outside weekly group meetings.

**For more information, call UFM at (785) 539-8763 or visit tryufm.org
UFM Community Learning Center 1221 Thurston St Manhattan, KS**

UFM Teen Mentoring Program Volunteer Mentor Application

Name: _____ Daytime #: _____ Evening #: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ **Interest in High School group** ___ or **Middle School group** _____

Age: _____ Sex: ___ Year in School: _____ How long will you be in this community? _____ College major or area of interest:

Why are you interested in volunteering for this program?

Do you have transportation? Yes _____ No _____

Are you able to come early at 2:30 p.m. to pick up students from school and bring them to UFM?

Yes _____ No _____

Have you ever had personal involvement with the court system? No _____ Yes _____ If yes, please explain.

Volunteer work, and youth involvement; Special Skills you can share:

Other information you would like us to know about you:

List 3 persons **not related to you**, with their addresses and phone numbers, who can judge your ability to serve as a positive role model for a youth in our community.

1.

2.

3.

The information I am presenting in this application is true and correct to the best of my knowledge. I hereby give UFM Community Learning Center permission to contact my references concerning my qualifications to be a Mentor. I also give permission for my references to provide UFM information about my experiences with them. If appointed as a mentor, I agree to abide by stated rules and goals for the program and will fulfill my responsibilities to the best of my ability.

Signature: _____ Date: _____



I _____ understand the rules and regulations of the UFM Teen Mentoring Program. I will follow all rules and regulations outlined in the Mentor Information section, created during group sessions and rules listed below. I understand a violation of these rules will lead to discontinuation of the program.

I understand I will be immediately removed from the program in the situation of:

- Drug, tobacco or alcohol use/intoxication during mentoring sessions, sharing any of these products with a student, or use/intoxication any time I am with a student from the UFM Mentoring Program
- Participation in any activity outside of regular mentor session times without consent from the parent/guardian.
- Any form of sexual harassment, sexual abuse, or inappropriate comment to another mentor or a student. This includes, but is not limited to:
 - Unwanted physical touching
 - Forcing another person to physically touch the aggressor
 - Forced intercourse including oral, vaginal or anal.
 - Inappropriate and unwanted sexual comments
- Physical violence against another mentor, student or the Coordinator.

I understand I will be on Mentor Probation, which will include a meeting with the Coordinator to discuss my future participation in the situation of:

- Missing a mentoring session without informing the coordinator AT LEAST 24 hours before the session begins
- Missing a Mentor Meeting without providing notification and cause for missing meeting
- Use of inappropriate language at any time during a mentoring activity.

I understand and will follow the rules and regulations of the UFM Teen Mentoring Program

Signature

Date



Drug and Alcohol Policy



The use, possession, and/or intoxication from drugs and alcohol are strictly prohibited in the UFM Teen Mentoring Program. This includes all UFM sponsored activities involving students and mentors. I understand I will be immediately removed from the program, and, if applicable, prosecuted for my actions.

I _____ understand drug and alcohol use, possession and/or intoxication is a zero tolerance issue at the UFM Teen Mentoring Program and I will accept responsibly if my actions defy this rule.

Signature

Date



UFM Mentor Emergency Information Form



Mentor's Name: _____ Birth date: _____

Parent/Guardian Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Cell phone: _____

E-Mail: _____

Emergency Contact: _____ Phone: _____

Alternative Contact: _____ Phone: _____

Mentor's Insurance Co. _____ Policy #: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Preferred Hospital: _____

VOLUNTEER NOTICE PURSUANT TO THE PROTECT ACT

To the Mentors volunteer applicant:

On April 30, 2003, the Prosecutorial Remedies and Other Tools to end the Exploitation of Children Today (PROTECT) Act of 2003, Public Law 108-21, was signed into law. Section 108 of the PROTECT Act authorizes fingerprint-based state and national criminal history background checks to determine the fitness of volunteers associated with the Boys & Girls Clubs of America, the National Mentoring Partnership, or the National Council of Youth Sports. On January 5, 2006, the pilot program was extended until August 2008, and was expanded to include any non-profit organization that provides care to children.

Pursuant to the PROTECT Act, the organization to which you have applied to serve as a volunteer may request a criminal history background check. This check will access criminal history record information held by the Federal Bureau of Investigation (FBI), and a determination will be rendered by the National Center for Missing and Exploited Children (NCMEC) as to the fitness to serve in that capacity. The determination rendered by NCMEC will be communicated to the Kansas Highway Patrol. The Kansas Bureau of Investigation and the Kansas Highway Patrol also will conduct criminal history background checks to determine your fitness to serve as a mentor, under the provisions of the National Child Protection Act (NCPA) and the Volunteers for Children Act (VCA). Prior to and after the completion of the background checks, the organization may choose to deny you access to children participating in its program.

Consistent with the provisions of the PROTECT Act, the NCMEC – jointly with the Boys & Girls Clubs of America, the National Mentoring Partnership, and the National Council of Youth Sports – established criteria that NCMEC will use in examining criminal histories and making fitness determinations. The four organizations determined that convictions for the six following crimes will prompt a determination that you “do not meet the criteria” to serve as a volunteer:

- Any felony
- Any lesser crime in which sexual relations is an element (including pornography)
- Any lesser crime involving controlled substances (including DUIs involving drugs)
- Any lesser crime involving force or threat of force against a person
- Any lesser crime involving cruelty to animals
- Any lesser crime against a minor

In addition, in any circumstance in which you have been arrested for a prohibiting offense, but the criminal history record does not indicate a disposition, or you have been arrested and subsequently cleared of one or more crimes against a child, the volunteer organization will be informed that you “may not meet the criteria” to serve as a volunteer.

Lastly, in any circumstance in which no record is found, the Kansas Highway Patrol will be informed that you “meet the criteria” to serve as a volunteer. Of course, the fitness determination is only one part of the organization’s applicant review, and the absence of a criminal history record does not ensure you will be considered acceptable by the organization.

Under the PROTECT Act, you must provide the volunteer organization with:

1. A set of fingerprints;
2. Your name, address, and date of birth (as it appears on a document made or issued by or under the authority of the United States Government, a state, political subdivision of a State, a foreign government, a political subdivision of foreign government, an international government, or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. 1028(d)(2));
3. A photocopy of the document described in paragraph 2; and
4. A statement of whether you have a criminal record and, if so, the particulars of such record. The attached application may serve as your statement of whether you have a criminal record and your acknowledgement that fingerprint-based records checks will be conducted.

Once the criminal background check is complete, you are entitled to: (1) obtain a copy of any criminal history record; and (2) challenge the accuracy and completeness of the criminal history record information. You may contact the Kansas Highway Patrol to challenge your criminal history information and/or fitness determination.

By signing the volunteer application, you authorize: (1) the Kansas Highway Patrol (KHP) to obtain a complete set of your fingerprints and descriptive data and transmit them to the Kansas Bureau of Investigation (KBI) and the Federal Bureau of Investigation (FBI); (2) the KHP, KBI, and FBI to perform criminal history background checks; (3) the FBI to provide the National Center for Missing and Exploited Children (NCMEC) with the results of the check; (4) the NCMEC to inform the KHP of the results of the fitness determination; (5) the KHP to inform the volunteer organization of the results of the fitness determination; and (6) the volunteer organization to inform you of your fitness determination.

VOLUNTEER APPLICATION PURSUANT TO THE PROTECT ACT

Organization Information

Volunteer Organization: _____

Address: _____

Contact Person: _____

E-Mail: _____

Applicant Information

Name of the applicant:

First Middle Maiden Last

Other names by which known: _____

Date of birth: _____

Address: _____
Street address Apt. #

City State Zip Code

Please check the appropriate box and, if necessary, fill in the requested information:

I have a criminal record, and the following are the particulars (offense, date, location/jurisdiction, circumstance and outcome) of such record: _____

I do not have a criminal record.

By signing this form, I acknowledge that I have been provided a copy of this volunteer notice and application. My signature constitutes an acknowledgement that criminal history checks will be conducted by the Federal Bureau of Investigation, the Kansas Bureau of Investigation, and the Kansas Highway Patrol. I have read and understood the foregoing, and my certification is true and correct to the best of my knowledge and belief. I swear and affirm that the fingerprints submitted in support of this application are mine.

Date: _____ Signature: _____